

Public Health & Safety Division, ~~HB~~ DPHHS
Key Legislative Issues - 2007
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Proposed Legislation from the Public Health & Safety Division

SB 95: An act removing the requirement for a physician director of an automated external defibrillator (AED) program - This legislation would remove the requirement for a physician to provide oversight to organizations that have AED(s) on their premises. It would allow other health care professionals to provide oversight to these organizations in matters related to the AED(s).

SB 94: An act removing the requirement that wholesale and retail nonprescription drug manufacturers be licensed and regulated entities through the Department of Public Health and Human Services (DPHHS) - This is a housekeeping bill that would remove the requirement that DPHHS license and regulate wholesale and retail nonprescription drug manufacturers, since this function is performed by the Federal Food and Drug Administration.

HB 148: An act to increase fees for licensure of public pools; authorizing promulgation of rules to establish fees for plan reviews for public pools - This legislation would increase the fees for licensing and inspecting public swimming pools and other water attractions. These fees have not been increased since 1991 and the cost of performing these services has far outpaced the fee structure. In addition, the fees for review of plans to develop new pools and water attractions would be set in administrative rule and would be commensurate with the complexity of the plans.

HB 118: An act to allow dispensing of non-oral and oral prepackaged contraceptives by a registered nurse employed by a family planning clinic under contract with the Department of Public Health and Human Services - This legislation would remove the word "oral" from the existing statute to allow registered nurses in family planning clinics under contract with DPHHS to dispense both non-oral and oral prepackaged contraceptives.

HB 117: An act requiring provision of and reporting regarding newborn hearing screenings and education - This legislation would require that a hearing screening test be performed for all newborn infants before discharge from a hospital or no later than 1 month after birth, so that the DPHHS can plan, establish and evaluate a comprehensive system of services for infants and children who are deaf or hard of hearing.

SB 162: An act expanding the genetic and metabolic conditions required to be screened in newborns and allowing the state to contract with one or more providers of follow-up services for newborns suffering from such conditions - This legislation would mandate the full panel of genetic and metabolic conditions

recommended by the American College of Medical Genetics and endorsed by the American Academy of Pediatrics and the March of Dimes. In addition, it would establish a program of comprehensive follow-up services, including education and counseling, for newborns and parents of newborns identified with disorders.

HB 92: An act to modernize Montana's public health statutes by amending the powers and duties of the Department of Public Health and Human Services, local boards of health, and local health officers; and encouraging greater collaboration among and between constituents in the public health system - This act would amend the powers and duties of the DPHHS, local boards of health, and local health officers to reflect current public health issues and practices. It would also create a basic purpose statement for the public health system and encourage collaboration among federal, state, local and tribal partners.

SB 142: An act requiring a public health emergency plan and establishing powers and duties in public health emergencies - This act would assure the necessary role of public health agencies as part of the Disaster and Emergency Services response system. The legislation would define and allow the Governor to declare a public health emergency and provide the Governor with powers and authorities that could be used in one; require a public health emergency plan; provide powers and authorities for which the DPHHS would be the lead agency during a declared public health emergency, in collaboration with local public health agencies, Disaster and Emergency Services, and other relevant agencies; and allow for recognition of interstate licensure for volunteer health care and public health professionals and immunity for volunteer health care providers.

Public Health & Safety Division Major Budget Proposals

Laboratory Equipment Replacement and Maintenance - This is a one-time-only request is for \$145,000 in general funds for each year of the biennium to support state laboratory infrastructure. The laboratory provides support to public health programs and this funding is for equipment and instrument replacement and maintenance along with supplies and training for specialized testing.

WIC Information Technology System Maintenance - This one-time-only request is for \$290,000 for the biennium (\$290,000 total for two years) in general funds to sustain our current system until a USDA system is available. The system may be available as early as summer 2008; however, roll out to states may not be until 2010.

HIV Treatment - This is a request for an increase of \$150,000 in general funds for each year of the biennium for HIV Treatment. As of April 2006, there were 18 individuals waiting to be enrolled into the Montana AIDS Drug Assistance

Program (ADAP). Additional funds will allow the department to supply these individuals with HIV medications using the significant ADAP discount.

Public Health Home Visits - This request is for \$200,000 in Tobacco Trust Fund Interest for each year of the biennium to support Public Health Home Visits (PHHV), a part of the Montana Initiative for the Abatement of Mortality in Infants (MIAMI). DPHHS will use new PHHV funding for additional PHHV sites and/or to increase funding to existing sites in order to expand home visiting services by providing intensive case management to pregnant women who are at risk for using substances while pregnant.

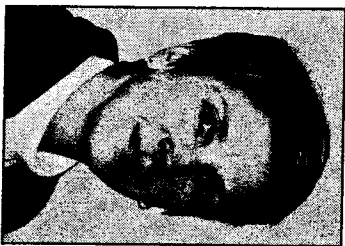
Rural Public Health Development Project - This request is for a \$75,000 biennial appropriation (\$75,000 total for two years) to develop locally driven solutions for creating public health infrastructure in rural and frontier Montana. The appropriation is intended to address public health surge capacity in a large-scale event or emergency and develop basic orientations for boards of health and health officers. The division may contract with an entity or entities able to work with local jurisdictions to perform this work.

Tobacco Use Prevention - This budget request is for 2.00 FTE and \$1,370,000 in state special revenue from the Master Settlement Agreement with the tobacco companies for each year of the biennium for expansion of activities of Montana Tobacco Use Prevention. Funds are requested for additional community-based programs; reducing smoking during pregnancy; comprehensive cancer control; and improved care for persons with ischemic stroke.

Diabetes and Heart Disease Prevention - This budget request is for 2.00 FTE and \$330,000 in state special revenue from the Master Settlement Agreement (MSA) with the tobacco companies for FY 2008 and \$830,000 in state special revenue from the MSA and Tobacco Trust Fund Interest for FY 2009 for diabetes and heart disease prevention activities. Initial activities would include establishing pilot programs within local health departments, community health centers, diabetes education programs, or other appropriate health care facilities to promote increased physical activity, improved nutrition, and tobacco use cessation among persons at high risk for developing diabetes, and the development of supportive health education materials for these pilot programs.

Newborn Screening Follow-Up Program - This request is for \$290,000 in Tobacco Trust Fund Interest for each year of the biennium to support a comprehensive newborn screening follow-up program. This program will assure the availability of appropriate clinical diagnostic and support services for families and primary care providers of those babies identified with an abnormal condition from the expanded panel of newborn screening tests. This is contingent upon passage of legislation.

PUBLIC HEALTH & SAFETY DIVISION



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MISSION

The mission of the Public Health and Safety Division (PHSD) is to improve the health of Montanans to the highest possible level.

SERVICES

The division provides a wide range of services aimed at promoting healthy behavior, preventing and controlling communicable and chronic diseases, improving the public health system, and ensuring that the system is prepared to address all types of public health events and emergencies. The division operates two laboratories, one focusing on environmental health and the other on public health, including testing of newborn children.

Services are delivered primarily through local and tribal public health agencies, as well as private providers, clinics, hospitals, and other community-based organizations.

The Family and Community Health Bureau oversees programs aimed primarily at children, women, and families. These include maternal and child health, family planning, services for children with special health care needs, nutrition education, and supplemental food distribution for women, infants, and children.

The latter two services are provided through the Supplemental Nutrition for Women, Infants, and Children program (WIC).

The Communicable Disease Control and Prevention Bureau administers programs related to detection, control, and prevention of communicable, or infectious, diseases. These programs include immunizations, prevention and treatment of sexually transmitted diseases, food and consumer safety, and epidemiology.

The Chronic Disease Prevention and Health Promotion Bureau manages comprehensive planning and prevention efforts related to cancer, heart disease and stroke, diabetes, nutrition and physical activity, and traumatic injury. The bureau also licenses ground and air ambulance services and oversees the Montana Tobacco Use Prevention Program.

The Public Health System Improvement and Preparedness Bureau works across the division and in partnership with local and tribal health departments and others to improve Montana's public health system and ensure that it is prepared to address public health emergencies. The bureau is responsible for public health workforce development, information technology, and communication, as well as data support for state and local health planning efforts.

The Laboratory Services Bureau operates two laboratories and is financed primarily through fees charged for lab services. The Clinical Public Health Laboratory performs diagnostic testing in support of the department's communicable disease control programs, as well as screening of newborn children for inborn errors of metabolism. The lab also provides reference microbiological services to Montana hospitals and clinical labs. The Environmental Laboratory tests drinking water and analyzes other environmental samples, such as soil and air. It also inspects and certifies private industry labs in Montana that perform drinking water analysis.

BUDGET AND STAFF

The division budget for the 2006-2007 biennium is about \$130 million. Funding is a complex mix of federal and state revenues and fees, with about 78 percent coming from federal grants. The division employs about 170 people.